PTO/SB/22 (12-04)

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PISTION FOR	EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) GTRC152							
(Fees pursuant to	the Consolidated Appropriations Act, 2005 (H.R. 4818).)	<u> </u>							
Application Numb		Filed:	Filed: 19 FEBRUARY 2002						
For: METHODS FOR INCREASING CONIFER SOMATIC EMBRYO INITIATION, CAPTURE, AND MULTIPLICATION									
Art Unit: 1661			Examiner: HAAS, WENDY C.						
This is a request u application.	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified								
The requested exte	ension and fee are as follows (check time period desired	and enter th	ne appropriate fee below):	*					
		<u>Fee</u>	Fee Small Entity Fee						
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
\boxtimes	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>225</u>					
	Three months (37 CFR 1.17(a)(2))	\$1020	\$510	<u> </u>					
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ \$					
	* * * * * * * * * * * * * * * * * * * *	\$2160	\$1080	\$ \$					
	Five months (37 CFR 1.17(a)(5))	Ψ2100	\$1000	Ψ					
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Applicant claims small entity status. See 37 CFR 1.27.									
A check is in the amount of the fee is enclosed.									
Payment by	credit card. Form PTO-2038 is attached.								
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1507. I have enclosed a duplicate copy of this sheet.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the	applicant/inventor.								
	assignee of record of the entire interest. See	37 CFR 3.	71.						
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTS/SB/96).								
attorney or agent of record. Registration number 53,809.									
attorney or agent under 37 CFR 1.34.									
	Registration number if acting under 37 CFR	1 34							
	Registration number it acting under 57 CT is	1.54.							
	William								
			1 NOVEMBER 2005						
	Signatura		Date						
	JAMES HUNT YANCEY, JR.		404-885-3696						
	Typed or printed name	Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit									
multiple forms if more than one signature is required, see below.									
☑ To	tal of forms are submitted.								

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known Effective on 12/08/2004 10/076,633 **Application Number** Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL** Filing Date 19 February 2002 First Named Inventor PULLMAN, Gerald S. **FOR FY 2005 Examiner Name** 1661 HAAS, Wendy C. Art Unit Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT **GTRC152** (\$)225.00 Attorney Docket No.

MET	HOD OF PAYMENT (chec	k all that app	ly)								
\boxtimes	Check Credi	t Card	Money Or	der	None	Other	(please identify):				
Deposit Account Deposit Account number: 20-1507 Deposit Account Name: Troutman Sanders LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038 FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
''	,	FILING F			H FEES	EXAMI	NATION FEES				
			mall Entity		mall Entity		mall Entity				
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees I	Paid (\$)		
	Utility	300 200	150 100	500 100	250 50	200 130	100 65				
•	Design Plant	200	100	300	150	160	80	-			
	Reissue	300	150	500	250	600	300				
	Provisional	200	100	0	0	0	0				
2.	EXCESS CLAIM F	EES						;	Small Entity		
Fee	Description							Fee (\$)	Fee (\$)		
Eac	h claim over 20 or, for I	Reissues, ea	ach claim over 2	20 and mo	re than in the c	riginal pat	ent	50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200	100			
Mult	iple dependent claims							360	180		
Tota	l Claims Ex	tra Claims	Fee (\$)	Fee Paid	<u>1 (\$)</u>	<u>Mu</u>	Itiple Dependent Claims				
	20 or HP =	×	<u> 50</u> =			Fee (\$)	Fee Paid (\$)				
HP	= highest number of to	otal claims p	aid for, if great	er than 20			<u> </u>				
Inde		tra Claims	<u>Fee (\$)</u>	Fee Paic	1 (\$)						
	3 or HP = <u>0</u>	х									
HP	= highest number of to	otal claims p	eald for, if great	er than 20							
3.	APPLICATION SIZ	ZE FEE									
if the			100 sheets of pa	per, the ap	plication size fe	e due is \$2	50 (\$125 for small entity)				
	or each additional 50 sh										
-		ra Sheets			al 50 or fraction		Fee (\$) Fee paid (\$)				
$\underline{0}$ - 100 = $\underline{0}$ / 50 = $\underline{0}$ (round up to a whole number) \times $\underline{0}$ = $\underline{0}$											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount) Other: Two Month Extension of Time Fee (\$225.00) \$225.00											
l '	Other: I WO Month E	xtension c	Time Fee (S	225.00)			\$ <u>225.00</u>				

SUBMITTED BY

Signature

PTO Registration No. 53,809

(Attorney/Agent)

Date 1 NOVEMBER 2005

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